

## ***Request to Remove Confidential Information from PEDS***

I hereby request that the County Commission remove all confidential information contained within PEDS obtained by agencies providing services working with the Commission about the child identified below, myself, and my family. This includes all information tied to the records within PEDS of said child, my family and myself.

Additionally, I hereby revoke the Authorization to Release Confidential Information and prohibit the Commission to obtain and share confidential information about the child identified below and about my family and myself. However, I understand that this revocation does not apply to information that has already been released or reported under the previous authorization.

I understand that I will not be excluded from services funded by the Commission if I choose to remove our confidential information from PEDS.

**Please clearly type or print the following information to ensure the deletion of the correct records.** A copy of this form should be sent to Statewide Evaluation, First 5 California, 2389 Gateway Oaks Drive #260, Sacramento, CA 95833.

Child's Name		
(as reflected on birth certificate):    First                      Middle                      Last		
Child's Date of Birth (Month/Day/Year):		Sex of Child:
† If born in This County, CA – Name hospital or other place of birth: _____		
† If born in California (outside This County) - Name County of birth: _____		
† If born in U.S. (outside California) - Name State of birth: _____		
† If born outside of U.S. – Name Country: _____		

The information below is to confirm that we are deleting the correct record:
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Birth Mother's Name		
First	Maiden	Married Last
Birth Father's Name		
First	Last	

Signature

Date

Please print name clearly

Relationship to Child

Address:

Phone Number:

### **Office Use Only**

Person Accepting Petition:	Date Removal Completed:
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